

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213518115			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AGENT ALLIANCE, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MORGAN W ALLEY DUNTON SIMMONS & DUNTON LLC 678 RAPPAHANNOCK DR / PO BOX 5 WHITE STONE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LANCASTER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 4/30/2013</p> <p>SCC ID NO: 07217144</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 12500 FLATWOOD CIRCLE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FAIRFAX, VA 22033</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: BEN HUMPHREYS TITLE: PRESIDENT ADDRESS: 4551 COX ROAD SUITE 475 CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BEN HUMPHREYS TITLE: PRESIDENT ADDRESS: 4551 COX ROAD SUITE 475 CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: RICHARD MURRAY TITLE: VICE PRESIDENT ADDRESS: 11781 SOUTH LONE PEAK PKWY SUITE 230 CITY/ST/ZIP/CO: DRAPER, UT 84020 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD MURRAY TITLE: VICE PRESIDENT ADDRESS: 11781 SOUTH LONE PEAK PKWY SUITE 230 CITY/ST/ZIP/CO: DRAPER, UT 84020	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD MURRAY TITLE: VICE PRESIDENT ADDRESS: 11781 SOUTH LONE PEAK PKWY SUITE 230 CITY/ST/ZIP/CO: DRAPER, UT 84020	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME: DAVID GARDNER TITLE: TREASURER ADDRESS: 125 MINEOLA AVE SUITE 306 CITY/ST/ZIP/CO: ROSLYN HEIGHTS, NY 11577	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME:	PETER CALLOWHILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1775 WIEHLE AVE		
CITY/ST/ZIP/CO:	SUITE 310 RESTON, VA 20190		
NAME:	TATIANA FINKELSTEYN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 GRANT STREET		
CITY/ST/ZIP/CO:	SUITE 725 DENVER, CO 80203		
NAME:	GENE FOSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2240 5TH AVE		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92101		
NAME:	MARK KOON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 E 5600 S		
CITY/ST/ZIP/CO:	SUITE 222 MURRAY, UT 84107		
NAME:	JAY LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5715 KINGFIELD DRIVE		
CITY/ST/ZIP/CO:	WEST BLOOMFIELD, MI 48322		
NAME:	BRAD MIEHL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2874 JOHNSON FERRY RD		
CITY/ST/ZIP/CO:	MARIETTA, GA 30062		
NAME:	GREG PRASKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7926 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 1150 MCLEAN, VA 22102		
NAME:	DENIS RAUE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	905 W MAPLE		
CITY/ST/ZIP/CO:	CLAWSON, MI 48017		
NAME:	PAUL SILICATO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3840 COCONUT CREEK PKWY		
CITY/ST/ZIP/CO:	COCONUT CREEK, FL 33066		
NAME:	KENNY WILDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8668 NAVARRE PKWY		
CITY/ST/ZIP/CO:	SUITE 105 NAVARRE, FL 32566		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ WILLIAM POWER	WILLIAM POWER, CEO	4/16/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		